

Where's Waldo 2.0?

Advancing a Scale to Measure the Likelihood and Use of Medical Tourism Services

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ABSTRACT

Within the past ten years, medical tourism has exploded. Patients today can travel to other countries to seek diagnostic services and therapeutic treatments. It is estimated that the medical tourism market is growing at a rate of 15-25% per year (Patients Beyond Borders, 2014). While third-world countries have often been the destination spots for medical tourists, Europe and South America are new and ever emerging markets. Given the convergence of factors – highly-trained medical professionals, state-of-art medical facilities, affordable healthcare, and attractive locations – it is important to understand “how” potential patients make their selections.

The purpose of this study is to develop a scale that explores a patient’s potential interest and selection of medical tourism services. The study is an extension of previous research that analyzed best practices of medical tourism providers. In that research, providers leveraged their quality of services, financing, affordability, and the destination’s desirability. The current study takes the previous study and now seeks to develop a model of medical tourism selection from the patient’s perspective.

REVIEW OF LITERATURE

Across the globe, hospitals have been thrust into an environment of upheaval and intense competition. Regardless of the payment system, governmental intervention, or governmental controls, most hospitals compete for patients (Cooper, et al., 2102). Results suggested that private and public hospitals alike responded to increased competition by addressing clinical performance and service delivery. At the same time, patients look for hospitals and health care providers to deliver value for the patient encounter (Porter and Teisberg, 2004).

According to the Medical Tourism Association (2013), nearly 80% of Americans seeking a medical tourism site cited cost savings as their primary motivator. The study found that nearly 38% of respondents sought cosmetic surgery overseas. Patients must be satisfied, as 48% later reported that they would again use medical tourism. Global medical tourism could represent \$45-96 billion (Medical Tourism Association, 2013).

Helble (2011) concluded that U.S. healthcare reforms have driven many Americans to seek medical tourism. For some, health insurance coverages have changed, making medical tourism – which is usually paid out-of-pocket – a better option. Given that healthcare services in other countries are delivered a lower cost than in the United States makes this decision easier.

Developed countries will drive the future supply and demand of medical tourism services (Connell, 2013). While most developed countries have universal healthcare, waiting lists and queues exist. As a result, many seek health services in other countries. These countries will need to monitor whether these medical tourism services create an inequity (Vitaya, 2010).

Hjalager (2009) developed a model of medical tourism that offered the interchange between a provider’s economics and innovation. The study found that medical tourists add to an organization’s financial success. In turn, this provider is able to better invest in technology and patient care.

While research has focused on the availability of medical tourism services, there is no definitive scale to analyze or predict an individual’s likelihood to seek medical tourism services. Connell (2006) did suggest that word-of-mouth is an effective way to communicate about medical tourism services.

STUDY

This study seeks to develop a scale that could be used to determine a interest in seeking medical tourism services. A complete literature review has been undertaken, focusing on hospital selection and evaluation. From this

review, a list of variables has been developed. These variables were then translated into Likert Scale statements.

Subsequently, a list of factors (from the variables) important in hospital selection has been identified. Work continues on analyzing the scale. The completed scale will be presented, along with a conceptual model of medical tourism.

The implications from this study are appropriate for any healthcare provider that seeks to attract patients from another market. While medical tourism is often defined as seeking medical care in another country, through a strict definition, medical tourism includes obtaining healthcare services in another market. As such, this study and conceptual model would be useful for any healthcare provider that markets on a super-regional and/or national basis (e.g., Cleveland Clinic, M.D. Anderson Cancer Center, etc.).

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Relevance to Marketing Educators, Researchers, and Practitioners: Development of a scale to measure medical tourism can also be adapted and applied to other selection research.

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TRACK: Health Care Marketing